Holland High School AP Exam Registration Form

Student Name:			
I would like to register my child for the follow the eligibility requirements for a fee waiver, t	_	•	
Name of AP Exam		Exam Cost	
	Exam Total		
Method of payment:	Cash Money	Order Check #	±
Eligible for a fee waiver as my child is qualified. Eligible for testing accommodations from a 5		l Lunch program (\$20 p	er exam).
Parent Signature:		Date:	

Please return this form and payment to HHS Student Success Office or mail it directly to Holland High School, 600 Van Raalte Avenue, Holland, MI 49423 c/o Mrs. Deanna Rose *by Wednesday, November 10, 2021.*